

Foster Family Home - Corrective Action Report

Provider ID: 1-576952

Home Name: Marites Edades, CNA

Review ID: 1-576952-11

91-1008 Makahaiaiku Street

Reviewer: David Ayling

Kapolei HI 96707

Begin Date: 5/21/2021

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Annual unannounced inspection for a 3 person CCFFH. Corrective All requirements were met at the time of inspection.

Compliance Manager

Primary Care Giver

Date

Date